

PART B - FEE(S) TRANSMITTAL

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000002352 7590 07/03/2006
OSTROLENK FABER GERB & SOFFEN
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SUBMITTED TO PATENT OFFICE	(Depositor's name)
VIA EFS FILING SYSTEM ON	(Signature)
SEPTEMBER 29, 2006	(Date)

PLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/727,302	12/02/2003	Akihiro Horii	P/16-347 DIV	5903

TITLE OF INVENTION: RAPID DEPTH SCANNING OPTICAL IMAGING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, HWA S	2877	356-479000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	OSTROLENK, FABER, GERB & SOFFEN, LLP
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer number is required.	2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

OLYMPUS CORPORATION

JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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PAYMENT SUBMITTED

A check in the amount of the fee(s) is enclosed.

ELECTRONICALLY

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VIA EFS SYSTEM

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature _____

Date September 29, 2006

Typed or printed name Max Moskowitz

Registration No. 30,576

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